

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90064 034 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     |                                                                                                                                                                             |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # N05000004360</b><br>1. Entity Name<br><b>COLLIER DEPUTIES, FOP LODGE 14, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     |                                                                                                                                                                             |                                                        |  |
| Principal Place of Business<br><b>75 10TH STREET NORTH<br/>NAPLES, FL 34102</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | Mailing Address<br><b>PO BOX 11265<br/>NAPLES, FL 34101</b>                                                                                                                 |                                                        |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                                                             |                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | City & State                                                                        |                                                                                                                                                                             |                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                         | Zip                                                                                 | Country                                                                                                                                                                     | 4. FEI Number<br><b>APPLIED FOR 56-2512769</b>         |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                     |                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COVIELLO, MICHAEL E ESQ<br/>MICHAEL E COVIELLO ESQ PL<br/>2614 BAY DRIVE<br/>BRADENTON, FL 34207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                        |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                     |                                                                                                                                                                             |                                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                     |                                                                                                                                                                             |                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                             | <b>\$5.00 May Be<br/>Added to Fees</b>                 |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                     |                                                                                                                                                                             |                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>SMITH, CHARLES<br>75 10TH STREET NORTH<br>NAPLES, FL 34102 | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>ZELEWCZ, PAUL<br>75 10TH STREET NORTH<br>NAPLES, FL 34102 | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | HARLEY TERRILL<br>75 10TH ST N.<br>NAPLES, FL 34102                                 |                                                                                                                                                                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                             |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                             |                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                 |                                                                                     |                                                                                                                                                                             |                                                        |  |
| SIGNATURE: <i>Charles M Smith</i> <b>CHARLES M SMITH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                     | 4/6/07 239-253-0296                                                                                                                                                         |                                                        |  |